

LD4000058907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

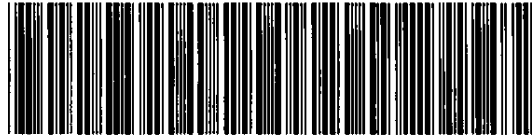
Special Instructions to Filing Officer:

L. SELLERS

MAY 27 2009

EXAMINER

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05/26/09--01016--005 **30.00

FILED
09 MAY 26 AM 9:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Capital Solution Investments, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrew S. Zic

Name of Person

Capital Solution Investments, LLC

Firm/Company

501 N. Wymore Road

Address

Winter Park, Florida 32789

City/State and Zip Code

Andrew@accessrsi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew S. Zic

Name of Person

at (**407**)

718-5731

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Capital Solution Investments, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/09/04 and assigned Florida document number L04000058907.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Capital Solution and Investments, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

501 N. Wymore Road

Winter Park, Florida

32789

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

501 N. Wymore Road

Winter Park, Florida

32789

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

Florida

City

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 MAY 26 AM 9:22
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New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

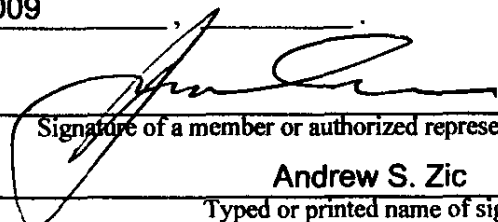
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Andrew S. Zic	501 N. Wymore Road Wintr Park, Florida 32789	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	David G. Martineaux	1958 Palm View Dr. Apopka, Florida 32712	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated May 22, 2009


 Signature of a member or authorized representative of a member
 Andrew S. Zic
 Typed or printed name of signee

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 09 MAY 26 AM 9: 22
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA